

## **VASIP/COSIG Steering Committee Meeting Report -- December 7, 2006**

Dr. Ken Minkoff facilitated the December 7 meeting of the VASIP/COSIG Steering Committee, which was designed to be a planning session for future activities. The following is a brief description of the content and outcomes of the meeting.

***Meeting Attendees:*** Ken Minkoff, project consultant; Mellie Randall, DMHMRSAS Office of Substance Abuse Services; Carolann Pacer-Ramsey, Families First; James Evans, DMHMRSAS Health and Quality Care; Rosemarie Bonacum, DMHMRSAS Facility Operations; Ken Batten, DMHMRSAS Office of Substance Abuse Services; Ann Benner, VOCAL Network; Jason Lowe, DMHMRSAS Office of Substance Abuse Services; Rhonda Thissen, DMHMRSAS, Office of Substance Abuse Services; Sterling Deal, DMHMRSAS, Office of Substance Abuse Services; Laurie Rokutani, Mid-Atlantic Addiction Technology Transfer Center; Margaret Ann Lane, DMHMRSAS Office of Substance Abuse Services; Martha Kurgans, DMHMRSAS Office of Child and Family Services; Malcolm King, DMHMRSAS Office of Child and Family Services; Arnold Woodruff, Region IV Reinvestment Coordinator; LeGree Hallman, Central Virginia CSB; Janet Davis, Region I SA Diversion Coordinator; Stephanie Savage, Hampton-Newport News CSB, representing Region V; Will Ferriss, DMHMRSAS Office of Mental Health Services; Will Williams, Fairfax-Falls Church CSB.

### ***Project Updates***

Sterling Deal and Rhonda Thissen provided updates on recent project activities to the group. To summarize briefly, in June 2006 the COSIG Project was expanded beyond the initial group of 11 CSBs in the service pilot area to all 40 CSBs, the eight state hospitals/institutes, and the seven partnership planning regions. The major reason for this action was to integrate COSIG into the larger state transformation process and set the stage for sustainability of the successes achieved through COSIG past the end point of federal funding in September 2009. Dr. Minkoff and his partner Dr. Chris Cline have been making quarterly technical assistance visits to Virginia over the past 18 months, during which time they and the project staff have made contact with most of the CSBs and state facilities, either in large-group trainings or in smaller consultation sessions. There is now COSIG activity taking place in most of the CSBs. To carry forward the energy, the name of this initiative, now called "COSIG" (which is the formal title of the federally-funded project) is being morphed into "VASIP", or the Virginia Service Integration Program, to demonstrate that service integration and infrastructure development around co-occurring disorders are not solely time-limited and/or federally-funded activities.

With sustainability of project successes in mind, members of the DMHMRSAS COSIG Team are participating on a number of working groups and committees at the state level to promote the concept of service integration and advocate for the needs of consumers with co-occurring disorders. Project team members participate in, or have provided input to, the Project TREAT Work Group; the Recovery Education and Training Work Group; the Outpatient Licensure Regulations Review Work Group; the Mental Health Planning Council; the VACSB Consumer

Record Work Group; and the Mandatory Assessment Tool Work Group of the CSA State and Local Advisory Team.

### ***Planning for Future Steering Committee Activities***

Dr. Minkoff led the Committee in a discussion of planning for the Steering Committee's future activities, including recruitment of members to represent the constituencies who are important to be represented. Important constituencies include adult and child/adolescent consumers and families, CSBs, the planning regions and the state facilities. Dr. Minkoff suggested that the Steering Committee should take ownership of its activities and define the scope of its work in three key areas:

- (1) Development of Steering Committee leadership, including co-chairs from the consumer and provider constituencies, to direct the Committee's activities and make recommendations to staff.
- (2) Development and recommendation of policies to the Commissioner stating that consumers with co-occurring disorders are welcomed into care wherever they present for services in our system. Other potential areas for policy development and recommendation include screening and assessment of co-occurring disorders and development of an architecture for transformation, which the Committee agreed is currently lacking at the state level.
- (3) Development of a transition plan to guide and continue VASIP activities after the expiration of federal grant funds.

The Committee agreed with these three key areas and discussed ideas for next steps, including the following:

- Setting up a regular monthly meeting and recruiting additional membership from the essential constituencies
- Electing co-chairs to run meetings and work with staff in an advisory capacity.
- Developing a quarterly VASIP newsletter to keep constituencies informed about service integration and transformation activities
- Completing the CO-FIT to serve as the state-level assessment of service integration
- Developing subcommittees on Welcoming and Transformation Architecture. Ann Benner, Martha Kurgans and Mellie Randall indicated they would be interested in participating in the Welcoming Subcommittee, and Janet Davis expressed interest in participating in the Architecture Subcommittee.

It was agreed that the DMHMRSAS COSIG Project Staff will contact the Committee members prior to the end of December with a next meeting date, at which time planning will continue.

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